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BIB DATA SHEET

CONFIRMATION NO. 4355

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
08/412,114	03/28/1995 RULE 1.60	604	3763	08366.0005-00000

APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 08/045,016 04/08/1993 PAT 5,405,320
 which is a CIP of 07/772,613 10/08/1991 PAT 5,209,723
 which is a CON of 07/461,684 01/08/1990 ABN

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 05/06/1995

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/MANUEL A MENDEZ/ Examiner's Signature	Initials	MO	12	1	1

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TITLE

MULTIPLE LUMEN CATHETER FOR HEMODIALYSIS

FILING FEE RECEIVED 752	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit